



## **Doctors Office Quality Project**

### **March 2003**

#### **Purpose**

**The goal of the Centers for Medicare & Medicaid Services' (CMS) Doctors Office Quality (DOQ) collaborative project is to define overall quality measures that assess and strategies that improve clinician performance in providing ambulatory care for persons with chronic disease.**

The project will enable clinicians to examine how well they are providing chronic disease care to Medicare beneficiaries. It will also provide tools that physicians and their office staff can use to achieve excellence in care. The three-year project will develop a model for measurement and improvement of quality of care for chronic disease and preventive services at the level of the individual physician/medical office.

#### **Components**

Measures of quality used in this project will be based upon data gathered from administrative, survey, and clinical sources. This model will integrate performance measures addressing three components of care:

- **Clinical Quality**

Clinical measures of quality of care for the following conditions will be part of the DOQ project: diabetes, heart failure, coronary artery disease, hypertension, osteoarthritis, and major depressive disorder. Decisions on which existing measures of care for the above listed chronic conditions would be best suited to the project will be made by panels of clinical and policy experts.

- **Systems of Care**

These survey-based measures will be modeled on components of the Chronic Care Model. They will include, for example, a measure of systems for follow-up of abnormal laboratory results.

- **Patient Experience of Care**

The measures of patient experience will be based on information from patients gathered through surveys. Although questions will be similar to those in the Consumer Assessment of Health Plans Study (CAHPS) instruments, questionnaires will be short and designed to examine experiences with individual doctors and group practices rather than with health plans.

## Organization of the DOQ Project

The Doctors Office Quality Project is a multi-organization collaborative effort led by the Centers for Medical & Medicaid Services. An umbrella group of stakeholder organizations dedicated to the improvement of medical office quality met for the first time in March of 2002 and held their second meeting in November of 2002. The group, the Stakeholders Council on Medical Office Quality, will convene quarterly to address such issues of common importance as use of a single measurement set.

A series of Work Groups is addressing specific aspects of the project. Each Work Group is composed of experts from many different clinical, academic, and policy groups. This design captures both individual and organizational expertise. Supporting the work of these groups are CMS and Quality Improvement Organizations (QIO) staff and contractors. Work Group progress is being tracked and will be reported through periodic updates to be posted on the CMS website at [cms.hhs.gov/quality/doq](http://cms.hhs.gov/quality/doq). The issues that the Work Groups are exploring and additional analyses of the DOQ data sets offer an improved understanding of quality and accountability. These issues include the usefulness of aggregate scores of quality (rather than single disease-specific approaches) in defining quality of care, as well as the number of conditions, measures, and patients needed to establish a reliable, valid estimate of quality at the physician/office level. While formal structure may change over time, focus of the various Work Groups will include:

- |                            |                              |
|----------------------------|------------------------------|
| • Clinical Measures        | • Improvement Strategies     |
| • Patient-derived Measures | • Reducing Medical Liability |
| • Systems of Care          | • Project Evaluation         |
| • Data Analysis            |                              |

## Role of Quality Improvement Organizations (QIOs)

Quality Improvement Organizations (QIO) are present in each state and contract with CMS to perform quality improvement and educational activities for the Medicare program. QIO goals include:

1) improve the quality of care for Medicare beneficiaries by ensuring that health care meets professionally recognized standards, 2) protect the integrity of the Medicare Trust Fund by ensuring that Medicare only pays for services/items that are reasonable and medically necessary and that are provided in the most appropriate setting, and 3) protect beneficiaries by expeditiously reviewing individual cases in which problems may exist and by educating beneficiaries about the Medicare program and their rights as a Medicare beneficiary. It is this first goal of quality improvement that is most central to the DOQ pilot project. During this pilot, three QIOs will assist physicians improve office-based preventive care and treatment for several chronic conditions that affect the health of people with Medicare.

## Three State Pilot

The DOQ project is being carried out under contracts with three of the Medicare Quality Improvement Organizations: the Iowa Foundation for Medical Care (IFMC), CMRI in California, and IPRO in New York and started in November 2002. It will extend through September 2005. The testing phase of the DOQ pilot will test measures, improvement strategies and incentives and will take place in California, Iowa, and New York. Generalist physicians (internists, general practitioners, and family physicians) will be involved in each of the three states. These physicians will represent a mix of practice sizes. If the pilot documents validity, feasibility, acceptability and usefulness of the model, the DOQ approach to quality may become the framework for the outpatient component of the next three-year contract between the federal government and QIOs throughout the country. DOQ could form the basis for CMS's approach to improvement of medical office quality for all Medicare beneficiaries.

## DOQ Milestones

- November 2002 - DOQ states selected (IA, CA, New York)
- February 2003 – List of potential measures narrowed (to be posted as specifications are developed)
- Summer 2003 – Three-state pilot starts
- May 2005 – Data collected, interventions and incentives implemented
- July 2005 – Evaluation completed

## Physicians

- **Encouraging Participation:** Continuing medical education (CME) credits will be available to physicians working with QIOs on this project. (IFMC is lead.) Talks are underway to tie proven high quality physician performance to programs that reduce medical liability insurance premiums. Physicians are helping to determine what types of public recognition would encourage physician participation in the project.
- **Focus Groups:** During summer 2002, CMS conducted six focus groups around the country to explore motivational factors for physicians to work on quality improvement projects with QIOs. The input was helpful and showed that reducing medical liability is of particular interest to physicians. Throughout the project, additional focus groups will be used to ensure that the interests and needs of physicians are built into the project. (CMS is contracting with CNA Corporation for this work.)
- **Continuing Medical Education (CME):** The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services are sponsoring a pilot CME effort beginning in March 2003. The pilot will be available to all QIOs under the current three-year contract with the federal government. National fees for 30 CME credits will be covered for 100 physicians per state who participate in quality assurance activities geared to outpatients, including the physicians in the three-state DOQ Project (IA, CA, NY). Quality Improvement Organizations will have the ability to fund participation by additional physicians.
- **Reducing Risk of Medical Liability:** The DOQ Project will include a prototype risk assessment/improvement tool. Physicians will be able to examine various elements that have been shown to affect patients' perceptions of their care/providers and that impact medical liability. Physicians who choose to examine their own potential risks and then correct weaknesses they identify may have an advantage in preventing a suit arising from miscommunication. Risk profiles, followed by strategies that correct system or communication gaps can augment other quality improvement efforts. The objective is to demonstrate improvement in risk profiles and to link use of practice assessment tools to lower premiums for medical liability insurance. (IPRO is leading this effort under contract with CMS.)
- **Clinician Tools:** A toolkit of materials and strategies for improvement will be developed as part of the Project. These will include patient reminders, and materials such as instructions for conversion to an "open access" scheduling system that can ensure same-day appointments. (IFMC is lead under CMS contract.)
- **Rewarding Quality:** Physicians in the DOQ project will explore with CMS the development of strategies to recognize high quality of care. Approximately 300 physicians in the DOQ 3-state pilot will help to determine what role public recognition may play in the 3-state pilot. The DOQ project will include an exploration of the appropriateness and uses of performance measurement for public reporting, but the results of the individual physicians participating in the DOQ 3-state pilot will not be published.

## Opportunities for Input

If your organization is committed to medical office quality and interested in this project, please submit a request to join the Stakeholders Council. You should include information about your organization, its mission, membership, and reason(s) for interest. If there is a particular aspect of the DOQ project that is of interest, please tell us about it. We welcome written questions and comments about DOQ.

### For Further Information:

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***Note:** The details of the DOQ initiative will change and evolve as the work progresses. Updates will be posted on the CMS website at [www.cms.hhs.gov/quality/doq](http://www.cms.hhs.gov/quality/doq). This represents an overview of the project as of March 2003. We commit to work closely and collaboratively with clinicians, consumers, and other key stakeholders on the DOQ Project.*